



UMASS Lowell – Study Abroad Inquiry Form

Today's Date _____ UMS# _____

Name _____ E-mail Address _____

Local Address _____ Local Phone _____

Expected Year of Graduation _____ I am currently a: FR SO JR SR GR

Cumulative GPA _____

Major(s) _____

Major Faculty Advisor _____ Minor _____

1. Where do you want to study abroad? List up to three countries in order of preference:

a. _____ b. _____ c. _____

2. When would you like to study abroad? (Please check semester and write in year)

Fall _____ Spring _____

Summer _____ Winter _____

3. Sources of income you might use for study abroad (circle as many as necessary):

Personal **Parents** **Loans** **Financial Aid** **Other**

4. Do you have a passport? Yes or No

Please return to:

South Campus: Kristen Rhyner
O'Leary 300D

Kristen_Rhyner@uml.edu
978-934-2920